

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/072,615
Filing Date	February 5, 2002
First Named Inventor	Ginesi
Art Unit	2631
Examiner Name	Unassigned
Attorney Docket Number	020510-002200US

**To: Commissioner for Patents
Washington, DC 20231**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: **At the request of the client: Ciena Corporation.**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ **Change the correspondence address and direct all future correspondence to:**

CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label here**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Kris V. Kalidindi, Esq.				
Address	Potomac Patent Group, PLLC				
Address	2010 Corporate Ridge, Suite 700				
City	McLean	State	VA	ZIP	22102
Country	U.S.A.				
Telephone	703-749-7730	Fax	703-749-7719		

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 20350

This request is enclosed in triplicate (including any attachments).

Name Kenneth Allen, Reg. No. 27,301, Townsend and Townsend and Crew, LLP

Signature *Kenneth R. Allen*Date *9/24/04***NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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Individual Name** Kris V. Kalidindi, Esq.**Address** Potomac Patent Group, PLLC**Address** 2010 Corporate Ridge, Suite 700**City** McLean **State** VA **ZIP** 22102**Country** U.S.A.**Telephone** 703-749-7730 **Fax** 703-749-7719

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Individual Name** Kris V. Kalidindi, Esq.**Address** Potomac Patent Group, PLLC**Address** 2010 Corporate Ridge, Suite 700**City** McLean **State** VA **ZIP** 22102**Country** U.S.A.**Telephone** 703-749-7730 **Fax** 703-749-7719☒ This request is made on behalf of myself and☐ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number 20350

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